MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-042200 STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10257

FILED OCT 24 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	21	4	
3	2		
4	1		
5	2		
6			
7	1		
8	2		
9			
10			
11			
12	90.0		
13			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

90

1. PLACE OF DEATH
   a. COUNTY - - -
   b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis, Missouri
   Length of stay in 1b: 2 years
   c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 3604 Hereford
   Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
   a. STATE: Mo. b. COUNTY - - -
   c. CITY OR TOWN: St. Louis
   Inside Limits: Yes ☒ No ☐
   d. STREET ADDRESS (If outside, give location): 3604 Hereford
   Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Jennie; Middle: (n.m.i.); Last: Wilson

4. DATE OF DEATH: Month: October; Day: 12; Year: 1963

5. SEX: F

6. COLOR OR RACE: W

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 12-15-72

9. AGE (last birthday): 90

IF UNDER 1 YEAR: Months / Days

IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (City and state or country): Jobs Carner, Pa.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Unknown

13b. MOTHER'S MAIDEN NAME: Lucy Garrison

14. NAME OF HUSBAND OR WIFE: Judson Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no - - -

16. SOCIAL SECURITY NO.: yes

17. INFORMANT: Mrs. Nora French Address: 3604 Hereford

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Acute Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH: Sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 4500

Dr Allen L. Taylor Coroner 10-15-63

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Generalized arteriosclerosis

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 10-12-63 to 10-12-63 and last saw her/him alive on —
Death occurred at 1:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Arthur K. Finsley M.D.

22b. ADDRESS: 7500 Devonshire, 19

22c. DATE SIGNED: 10-14-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

23b. DATE: 10-15-63

23c. NAME OF CEMETERY OR CREMATORY: Valhalla Crematory

23d. LOCATION (City, town, or county) (State): St. Louis County, Mo.

24. FUNERAL DIRECTOR ADDRESS: HOFFMEISTER COLONIAL MORTUARY 6464 Chippewa SAN

25. DATE RECD. BY LOCAL REG.: OCT 15 1963

26. REGISTRAR'S SIGNATURE: Earl Smith M.D.

(Licensed Embalmer's Statement on Reverse Side)

This Patient was seen for Dr. John Matthews, who is ill. Mrs. Taylor was relief. 4-5-

Dr. John Matthews
ST. 1-3886

Dr. Inaco
7500 Devonshire

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John L Dennehy

Licensed Embalmer No. 4194

P. O. Address St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.